

Family Home Child Care Provider/Assistant Resume

<input type="checkbox"/> Provider <input type="checkbox"/> Assistant If you are an assistant, give the provider's name	Last Name First Name	10 digit telephone number
Name	10 digit telephone number	Are you 18 year of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
Employment history		
Start with your most recent position. (Attach additional sheets if needed)		
Present or last Employer	10 digit telephone number	From (mo/yr)
Address		To (mo/yr)
Describe the type of work you did		Total Time Employed
		Hours Per Week
Present or last Employer	10 digit telephone number	From (mo/yr)
Address		To (mo/yr)
Describe the type of work you did		Total Time Employed
		Hours Per Week
Present or last Employer	10 digit telephone number	From (mo/yr)
Address		To (mo/yr)
Describe the type of work you did		Total Time Employed
		Hours Per Week
Present or last Employer	10 digit telephone number	From (mo/yr)
Address		To (mo/yr)
Describe the type of work you did		Total Time Employed
		Hours Per Week

EXPERIENCE

Have you worked with children in the past for pay or as a volunteer? ☐ Yes ☐ No

If yes, describe any experiences you feel were valuable. Include any other volunteer work you have done.

TRAINING

Have you had any training that will be helpful? Check any of the following areas you have been trained in and, when required, provide dates.

☐ First Aid _____
DATE

☐ Nutrition

☐ Business skills

☐ CPR _____
DATE

☐ Nursing

☐ Working with special needs children

☐ Psychology

☐ Counseling

☐ Teaching _____
DATE GRADES

☐ Early childhood development

☐ Other (specify):

Details:

SPECIAL SKILLS

Do you have special skills that will be helpful?

☐ Music ☐ Dance ☐ Drama ☐ Behavior management

☐ Story telling ☐ Art ☐ Puppetry ☐ Other (specify):

Details:

EDUCATION

Are you a high school graduate or do you have a General Education Development (GED)? ☐ Yes ☐ No

If no, check the highest grade you completed:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Education after high school:

SCHOOL NAME	DATES ATTENDED	GRADUATED	DEGREE/ YEAR	MAJOR SUBJECTS

SIGNATURE

DATE